

Medicare Prescription Drug Plan Finder Web Tool Data Submission Requirements for www.medicare.gov

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PDP and MA-PD User Group Call

June 8, 2005

3:30 PM – 5:00 PM Eastern Time

Call In Number – 1-800-399-1207

Objectives

- Review Medicare Prescription Drug Plan Finder Tool
- Outline formulary, copay, drug pricing and pharmacy network data required to support Plan Finder functionality of www.medicare.gov
- Outline submission requirements and examples
- Outline Online Enrollment Center functionality
- Answer Frequently Asked Questions.

Prescription Drug Plan Finder Web Tool

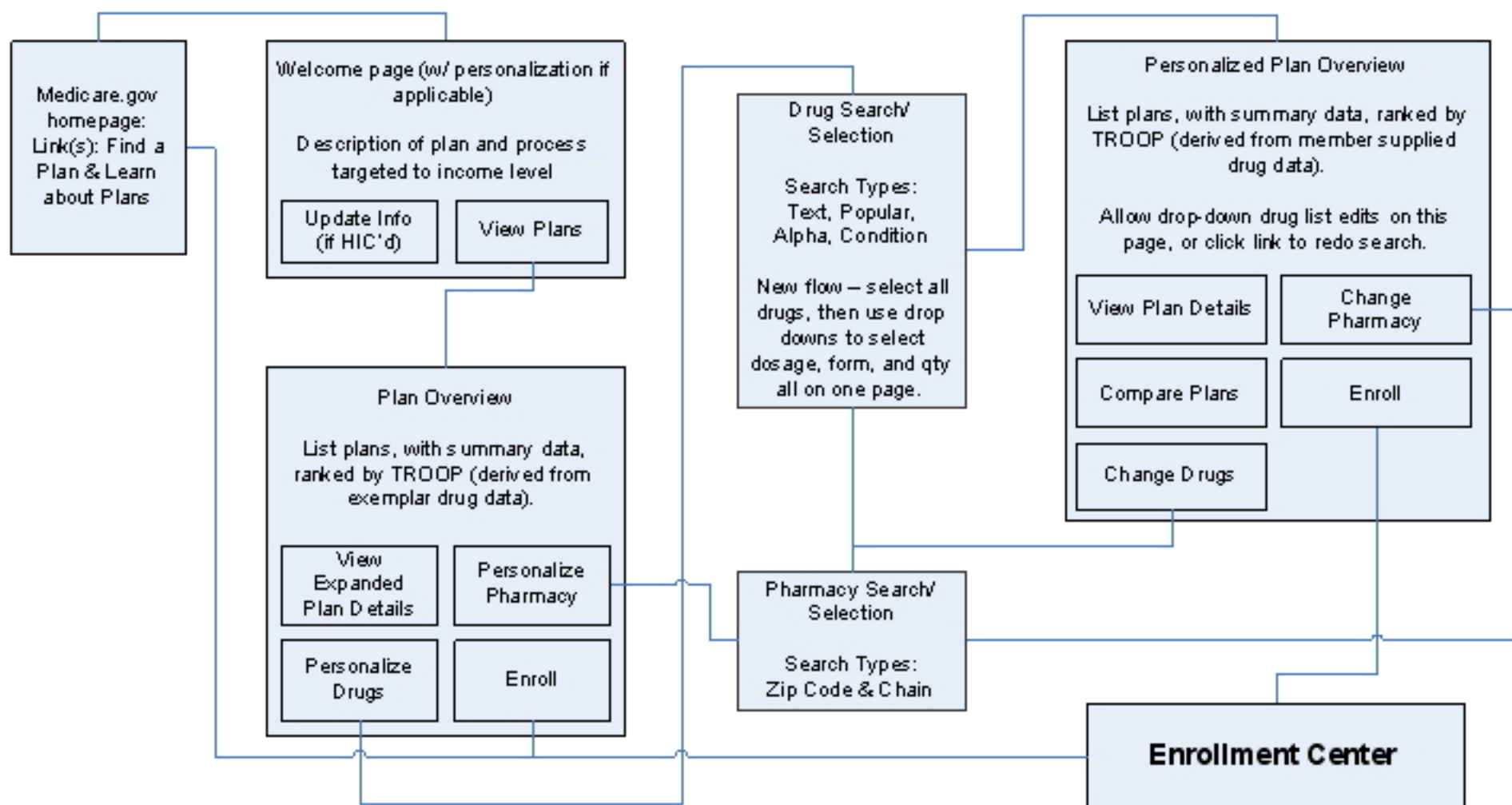
The Prescription Drug Plan Finder Tool

The Prescription Drug Plan Finder Tool **Will**:

- Only be accessible through www.medicare.gov.
- Provide plan cost, drug pricing and pharmacy network information for all PDPs and MA-PDs
- Provide ranking of plan's net cost based on beneficiary's location, income level, drugs, and pharmacy selection
- Update pricing information weekly (Plans will be permitted to submit an certification email if they do not have any changes for a given week.)

The Prescription Drug Plan Finder Tool

Drug Plan Finder Functional Overview



The Prescription Drug Plan Finder Tool

The Prescription Drug Plan Finder Tool Will
Not:

- Make *specific* plan recommendations
- Require changes in drugs taken by beneficiaries

Accessing Plan Finder Information

Individuals can access the information by:

- Visiting www.medicare.gov
- Calling 1-800-MEDICARE
- Contacting Community Based Organizations
- Contacting the PDP or MA-PD directly

Data Requirements

Formulary File

Field Name	Type(Size)	NULL	Field Description
CONTRACT_ID ¹	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
FORMULARY_ID ¹	Char(8)	NOT NULL	Unique Identifier
NDC ¹	Char(11)	NOT NULL	11 digit
TIER_LEVEL_VALUE ¹	Number(2)	NOT NULL	Defines the Cost Share Tier Level Value Associated with the NDC. If no Tier Level Value applies, enter '1' as the value for this field.
FORMULARY_VERSION ¹	Number(5)	NOT NULL	Unique version ID assigned to this formulary. The version # will be incremented by one for each new submission. This will be synchronized with HPMS
EFFECTIVE_DATE ¹	DATE	NOT NULL	CGI-AMS formulary review field; no default values
QUANTITY_LIMIT_AMOUNT_YN ¹	Char(1)	DEFAULT 0, NULL	Does the NDC have a quantity limit other than a 30-day or 34-day limit?
QUANTITY_LIMIT_AMOUNT ¹	Number(3)	NULL	If Yes to Quantity_Limit_Amount_YN, enter the quantity limit unit amount. The units for this amount may be defined as number of pills, number of injections, etc. If a limit other than 30 or 34 days does not apply, leave this field blank.
QUANTITY_LIMIT_DAYS ¹	Number(3)	NULL	Enter the days associated with the quantity limit. If a limit other than 30 or 34 days does not apply, leave this field blank.
PRIOR_AUTHORIZATION_YN ¹	Char(1)	DEFAULT 0, NOT NULL	Is prior authorization required for the NDC?
STEP_THERAPY_TYPE_GROUP_NUM ¹	Number(2)	DEFAULT 0, NOT NULL	Number of step therapy drug treatment groups, in which the NDC is included. If Step Therapy does not apply to this drug, then leave this field blank.
STEP_THERAPY_TYPE_GROUP_DESCRIPTION ¹	Char(100)	DEFAULT 0, NOT NULL	Description of step therapy drug treatment group. Field should be repeated in the record based upon number of groups declared in Step_Therapy_Type_Group_Num
STEP_THERAPY_TYPE_GROUP_SEQUENCE ¹	Number(3)	DEFAULT 0, NOT NULL	Step number within the sequence for this Step Therapy Group

Beneficiary Cost (1 of 5)

Field Name	Type(Size)	NULL	Field Description
CONTRACT_ID ¹	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
PLAN_ID ¹	Char(3)*	NOT NULL	References Plan Identifier assigned by CMS
SEGMENT_ID ¹	Char(3)*	NOT NULL	Plan Segment ID only for local MA-PD plans assigned by CMS (If applicable)
COVERAGE_LEVEL ¹	Number(1)	NOT NULL	Identifies what level (1 = No Subsidy Copay/Coinsurance, 2 = No Subsidy Coverage Gap, 3 = No Subsidy Catastrophic)
TIER_LEVEL_VALUE ¹	Number(2)	NOT NULL	References Tier_Level_Value from Formulary File
DAYS_SUPPLY ¹		NOT NULL	Identifies for which days supply this cost structure applies (1 = 30 days, 2 = 90 days, 3 = other)

Beneficiary Cost (2 of 5)

Field Name	Type(Size)	NULL	Field Description
COST_TYPE_PREFERRED ¹	Number(1)	NOT NULL	Define whether member cost is copay or coinsurance. (1 = copay, 2 = coinsurance)
COST_AMOUNT_PREFERRED ¹	Float (8)	NOT NULL	Member cost. (Examples: 10 for \$10 copay, .25 for 25% coinsurance)
COST_MIN_AMOUNT_PREFERRED	Currency(8)	DEFAULT 0, NOT NULL	Minimum member cost. This would be applied where the total cost of the drug is less than the beneficiary's copay, or where the beneficiary's coinsurance amount is below a plan defined minimum. <u>Examples:</u> •Coinsurance = .25, Total drug cost = \$10. If the COST_MIN_AMOUNT value is defined as \$10, beneficiary will be charged \$10 even though the defined cost share would have been \$2.50.
COST_MAX_AMOUNT_PREFERRED	Currency(8)	DEFAULT 0, NOT NULL	Maximum member cost. This would be applied where the beneficiary's defined contribution is greater than a pre-arranged maximum. <u>Examples:</u> •Coinsurance = .25, Total drug cost = \$200. If the COST_MAX_AMOUNT value is defined as \$40, beneficiary will be charged \$40 even though the defined cost share would have been \$50.
COST_THRESHOLD_PREFERRED	Currency(8)	DEFAULT 0, NOT NULL	Total drug cost cost-share threshold. This would apply where the total cost of the drug is greater than a pre-defined threshold value, and the beneficiary is to be assessed and additional cost share contribution amount. <u>Examples:</u> •Copay = \$10. Total drug cost = \$73, COST_THRESHOLD = \$50, COST_THRESHOLD_OVERAGE_SHARE = .2. In this case, the beneficiary will be charged \$14.60: \$10 + ((\$73 - \$50) * .2). •Copay = \$10, Total drug cost = \$50. COST_THRESHOLD = \$0, COST_THRESHOLD_OVERAGE_SHARE = .2. In this case, the beneficiary will be charged \$20: \$10 + (\$50 * .2).
COST_THRESHOLD_OVERAGE_SHARE_PREFERRED	Number(8)	DEFAULT 0, NOT NULL	Member cost share for threshold overage amount. This is the amount a member will be charged in addition to the COST_AMOUNT when the total drug cost exceeds the value defined by COST_THRESHOLD. See examples above.

Beneficiary Cost (3 of 5)

Field Name	Type(Size)	NULL	Field Description
COST_TYPE_NONPREFERRED	Number(1)	DEFAULT 0, NOT NULL	Define whether member cost is copay or coinsurance. (1 = copay, 2 = coinsurance)
COST_AMOUNT_NONPREFERRED	Float (8)	DEFAULT 0, NOT NULL	Member cost (Examples: 10 for \$10 copay, .25 for 25% coinsurance)
COST_MIN_AMOUNT_NONPREFERRED	Currency(8)	DEFAULT 0, NOT NULL	Minimum member cost. This would be applied where the total cost of the drug is less than the beneficiary's copay, or where the beneficiary's coinsurance amount is below a plan defined minimum. <u>Examples:</u> •Coinsurance = .25, Total drug cost = \$10. If the COST_MIN_AMOUNT value is defined as \$10, beneficiary will be charged \$10 even though the defined cost share would have been \$2.50.
COST_MAX_AMOUNT_NONPREFERRED	Currency(8)	DEFAULT 0, NOT NULL	Maximum member cost. This would be applied where the beneficiary's defined contribution is greater than a pre-arranged maximum. <u>Examples:</u> Coinsurance = .25, Total drug cost = \$200. If the COST_MAX_AMOUNT value is defined as \$40, beneficiary will be charged \$40 even though the defined cost share would have been \$50.
COST_THRESHOLD_NONPREFERRED	Currency(8)	DEFAULT 0, NOT NULL	Total drug cost cost-share threshold. This would apply where the total cost of the drug is greater than a pre-defined threshold value, and the beneficiary is to be assessed an additional cost share contribution amount. <u>Examples:</u> •Copay = \$10. Total drug cost = \$73, COST_THRESHOLD = \$50, COST_THRESHOLD_OVERAGE_SHARE = .2. In this case, the beneficiary will be charged \$14.60: \$10 + (((\$73 - \$50) * .2). Copay = \$10, Total drug cost = \$50. COST_THRESHOLD = \$0, COST_THRESHOLD_OVERAGE_SHARE = .2. In this case, the beneficiary will be charged \$20: \$10 + (\$50 * .2).
COST_THRESHOLD_OVERAGE_SHARE_NONPREFERRED	Float(4)	DEFAULT 0, NOT NULL	Member cost share for threshold overage amount. This is the amount a member will be charged in addition to the COST_AMOUNT when the total drug cost exceeds the value defined by COST_THRESHOLD. See examples above.

Beneficiary Cost (4 of 5)

Field Name	Type(Size)	NULL	Field Description
COST_TYPE_MAILORDER	Number(1)	DEFAULT 0, NOT NULL	Define whether member cost is copay or coinsurance. (1 = copay, 2 = coinsurance)
COST_AMOUNT_MAILORDER	Float(8)	DEFAULT 0, NOT NULL	Member cost. (Examples: 10 for \$10 copay, .25 for 25% coinsurance)
COST_MIN_AMOUNT_MAILORDER	Currency(8)	DEFAULT 0, NOT NULL	Minimum member cost. This would be applied where the total cost of the drug is less than the beneficiary's copay, or where the beneficiary's coinsurance amount is below a plan defined minimum. <u>Examples:</u> •Coinsurance = .25, Total drug cost = \$10. If the COST_MIN_AMOUNT value is defined as \$10, beneficiary will be charged \$10 even though the defined cost share would have been \$2.50.
COST_MAX_AMOUNT_MAILORDER	Currency(8)	DEFAULT 0, NOT NULL	Maximum member cost. This would be applied where the beneficiary's defined contribution is greater than a pre-arranged maximum. <u>Examples:</u> Coinsurance = .25, Total drug cost = \$200. If the COST_MAX_AMOUNT value is defined as \$40, beneficiary will be charged \$40 even though the defined cost share would have been \$50.
COST_THRESHOLD_MAILORDER	Currency(8)	DEFAULT 0, NOT NULL	Total drug cost cost-share threshold. This would apply where the total cost of the drug is greater than a pre-defined threshold value, and the beneficiary is to be assessed an additional cost share contribution amount. <u>Examples:</u> •Copay = \$10. Total drug cost = \$73, COST_THRESHOLD = \$50, COST_THRESHOLD_OVERAGE_SHARE = .2. In this case, the beneficiary will be charged \$14.60: \$10 + ((\$73 - \$50) * .2). •Copay = \$10, Total drug cost = \$50. COST_THRESHOLD = \$0, COST_THRESHOLD_OVERAGE_SHARE = .2. In this case, the beneficiary will be charged \$20: \$10 + (\$50 * .2).
COST_THRESHOLD_OVERAGE_SHARE_MAILORDER	Float(8)	DEFAULT 0, NOT NULL	Member cost share for threshold overage amount. This is the amount a member will be charged in addition to the COST_AMOUNT when the total drug cost exceeds the value defined by COST_THRESHOLD. See examples above.

Beneficiary Cost (5 of 5)

Field Name	Type(Size)	NULL	Field Description
COST_TYPE_MAILORDER_NONPREFERRED	NUMBER(1)	DEFAULT 0, NOT NULL	Define whether member cost is copay or coinsurance. (1 = copay, 2 = coinsurance)
COST_AMOUNT_MAILORDER_NONPREFERRED	NUMBER	DEFAULT 0, NOT NULL	Member cost. (Examples: 10 for \$10 copay, 25 for 25% coinsurance)
COST_MIN_AMOUNT_MAILORDER_NONPREFERRED	NUMBER	DEFAULT 0, NOT NULL	Minimum member cost. This would be applied where the total cost of the drug is less than the beneficiary's copay, or where the beneficiary's coinsurance amount is below a plan defined minimum. <u>Examples:</u> •Coinsurance = .25, Total drug cost = \$10. If the COST_MIN_AMOUNT value is defined as \$10, beneficiary will be charged \$10 even though the defined cost share would have been \$2.50.
COST_MAX_AMOUNT_MAILORDER_NONPREFERRED	NUMBER	DEFAULT 0, NOT NULL	Maximum member cost. This would be applied where the beneficiary's defined contribution is greater than a pre-arranged maximum. <u>Examples:</u> Coinsurance = .25, Total drug cost = \$200. If the COST_MAX_AMOUNT value is defined as \$40, beneficiary will be charged \$40 even though the defined cost share would have been \$50.
COST_THRESHOLD_MAILORDER_NONPREFERRED	NUMBER	DEFAULT 0, NOT NULL	Total drug cost cost-share threshold. This would apply where the total cost of the drug is greater than a pre-defined threshold value, and the beneficiary is to be assessed an additional cost share contribution amount. <u>Examples:</u> •Copay = \$10. Total drug cost = \$73, COST_THRESHOLD = \$50, COST_THRESHOLD_OVERAGE_SHARE = 2. In this case, the beneficiary will be charged \$14.60: \$10 + ((\$73 - \$50) * 2). •Copay = \$10, Total drug cost = \$50. COST_THRESHOLD = \$0, COST_THRESHOLD_OVERAGE_SHARE = 2. In this case, the beneficiary will be charged \$20: \$10 + (\$50 * 2).
COST_THRESHOLD_OVERAGE_SHARE_MAILORDER_NONPREFERRED	NUMBER	DEFAULT 0, NOT NULL	Member cost share for threshold overage amount. This is the amount a member will be charged in addition to the COST_AMOUNT when the total drug cost exceeds the value defined by COST_THRESHOLD. See examples above.

Pharmacy Cost

Field Name	Type(Size)	NULL	Field Description
CONTRACT_ID	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
PLAN_ID	Char(3)*	NOT NULL	References PLAN_ID that this pharmacy cost file serves assigned by CMS
SEGMENT_ID	Char(3)*	NOT NULL	Plan Segment ID only for local MA-PD plans assigned by CMS (If applicable)
PHARMACY_NUMBER	Char(12)	NOT NULL	12-digit Pharmacy Number (7 digit NABP pharmacy number with five preceding zeroes).
PRICE_ID	Number(3)	NOT NULL	References the Pricing File to be used at this pharmacy.
BRAND_DISPENSING_FEE	Currency(8)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale.
GENERIC_DISPENSING_FEE	Currency(8)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale.
PREFERRED_STATUS	Number(1)	DEFAULT 0, NOT NULL	Yes/No defines whether pharmacy is preferred or non-preferred pharmacy.
PHARMACY_RETAIL	NUMBER(1)	DEFAULT 1, NOT NULL	Yes/No defines whether pharmacy is to be displayed in retail (1 month supply) search
PHARMACY_MAIL	NUMBER(1)	DEFAULT 0, NOT NULL	Yes/No defines whether pharmacy is to be displayed in mail-order (3 month supply) search.

Pricing File

Field Name	Type(Size)	NULL	Field Description
CONTRACT_ID	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
PRICE_ID	Number(3)	NOT NULL	Price_ID is identified by the Organization, <ul style="list-style-type: none">• The lowest available PRICE_ID is 100• PRICE_IDs should be assigned sequentially• PRICE_IDs for Retail pharmacies should be between 100 and 199• PRICE_IDs for Mail-Order pharmacies should be between 200 and 299
NDC	Char(11)	NOT NULL	Any 11 Digit NDC representing the drug/dosage combination
UNIT_COST	Currency(8)	NOT NULL	Unit cost for given NDC less dispensing fee for one-month supply. If N/A enter 0
UNIT_COST_90	Currency(8)	NOT NULL	Unit cost for given NDC less dispensing fee for 3-month supply. If N/A enter 0

Reference Pricing (optional)

Field Name	Type(Size)		Field Description
CONTRACT_ID ¹	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
PLAN_ID ¹	Char(3)*	NOT NULL	References PLAN_ID that this pharmacy cost file serves assigned by CMS
SEGMENT_ID ¹	Char(3)*	NOT NULL	Plan Segment ID only for local MA-PD plans assigned by CMS (If applicable)
NDC	Char(11)	NOT NULL	11-digit NDC of the drug for which reference pricing should apply
NDC_REFERENCE	Char(11)	NOT NULL	11-digit NDC of the drug whose price and cost should be referenced
REFERENCE_TYPE	Number(1)	NOT NULL	Type of Reference Fee to be applied, 1-Flat Fee, 2-Percentage Fee
REFERENCE_AMOUNT	Float(8)	NOT NULL	Amount of Reference Penalty to be assessed.

Data Submission

Data Submission Timeline

- 7/1/2005 - The FTP address, username and login for this data submission will be delivered to the Contract's technical contact by 7/1/2005.
- 7/15/2005 - Plans submit electronic test pricing data (not through HPMS) – the focus of this submission is to verify that each plan has the correct data file layout and can successfully transmit their data. We will begin accepting submissions at 9AM PST on 7/14/2005. We will stop accepting submissions at 11:59AM PST on 7/15/2005.
- 7/16/2005 – 8/15/2005 – CMS to analyze test pricing data submitted by prospective plans
- 8/15/2005 – CMS to send data analysis to all prospective plans
- 8/29/2005 – Prospective plans submit corrected electronic pricing data to CMS
- 9/16/2005 – Approved plans submit electronic pricing data to CMS for final testing and data preview (week of 9/26/2005??) (Not for public reporting)
- 10/6/2005 – Approved plans submit electronic pricing data files that will be released on 10/13/2005 on www.medicare.gov
- 10/13/2005 – Scheduled launch date for the Prescription Drug Plan Finder Tool on www.medicare.gov

Data Submission and Updates

- Drug Pricing and Pharmacy Network Data will be submitted on a weekly basis by all PDPs and MA-PDs
- All data will be submitted electronically to CMS via secure FTP address to be provided by 7/1/2005.
- Updates or certification that no updates will be made will be due by Wednesday, 11:59PM PST and will be processed and displayed by 12:01 AM (Eastern Time) the following Monday.
- Formulary changes will be submitted according to the schedule above on the first Wednesday of the month.
- Formulary updates will be accepted only after approval by CMS.

File Specifications

- All submissions will be Fixed Length files.
- The filename should follow the standard: ContractIDXX.txt where ContractID is the sponsor's CMS defined CONTRACT_ID and XX is the table name abbreviation code (defined below). *For example the Formulary File submission for CONTRACT_ID 1001 would be 1001FF.txt*
- A header record should be included that specifies CONTRACT_ID, Record Count for the entire File (Format: XXXXXXXX), and an 8-digit Date Created (Format: CCYYMMDD) information.
- A footer record should be included that again specifies CONTRACT_ID and EOF for End of File.
- Table Abbreviation Codes:

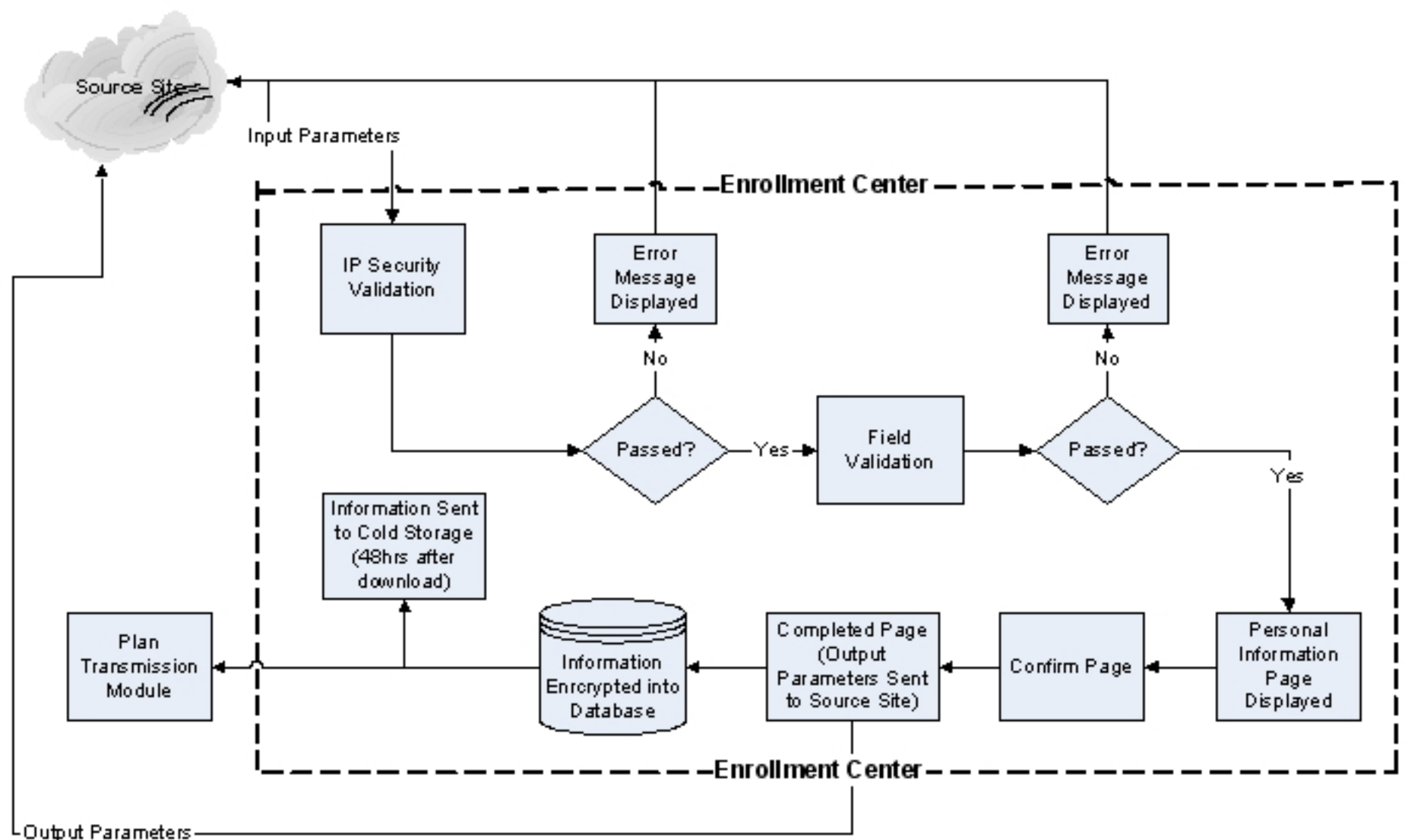
■ Formulary File	FF
■ Beneficiary Cost	BC
■ Reference Pricing	RP
■ Pharmacy Cost	PC
■ Pricing File	PF

Technical Support

- Technical support for data submissions will be provided by DestinationRx via email or phone.
- Email Address: plancompare@destinationrx.com
- Phone Number: 888-203-8497

Online Enrollment Center

Online Enrollment Center



OEC Benefits for Plans

- A drastically smaller number of incomplete or erroneously completed enrollments
- For those plans that are capable of receiving direct data transfers, significant labor savings in processing enrollments

System Requirements to Accept Enrollments

- Internet Connectivity
- CMS assigned a Log on ID and password to initially access the OEC. Each organization will have on ID and password for all plans.
- Adobe 6.0 Reader or a means to upload Tab Delimited Flat Files into existing systems. Plans can choose either format.
- Once enrollment forms are downloaded from the OEC, plans will process as they would if received through any other means.

Proposed Data Elements

PDP Enrollment Form:

- Name
- HICN
- Medicare Part A and/or B effective date
- SSN
- DOB
- Gender
- Permanent Address (Address of Record)
- Alternate Mailing Address (if applicable)
- Premium Withhold Type (self pay, deduction from SSA, OPM or RRB benefits)
- Current Health Insurance Information
- Attestation indicating that they are the individual listed on the enrollment form (or authorized individual).
- Release of information statement.
- Plan Name
- Unique Plan Identifier (Contract ID and Plan ID)

MA-PD Enrollment Form:

- Name
- HICN
- Medicare Part A and/or B effective date
- SSN
- DOB
- Gender
- Permanent Address (Address of Record)
- Alternate Mailing Address (if applicable)
- Premium Withhold Type (self pay, deduction from SSA, OPM or RRB benefits)
- Current Health Insurance Information
- Attestation indicating that they are the individual listed on the enrollment form (or authorized individual).
- Release of information statement.
- Plan Name
- Unique Plan Identifier (Contract ID and Plan ID)
- **ESRD Indicator**
- **Retiree Information and Date (for COB)**

Downloading Online Enrollment Forms

- Enrollment forms will be encrypted and will be accessible ONLY through the CMS Administrative Console and only by the plan designated on the completed enrollment form.
- Participating plans will receive notification emails when completed enrollment forms for their plans are available for download.
- For security reasons, the Administrative Console will only allow files to be downloaded once. Subsequent download requests will require a written request and approval by CMS. Enrollment management reports will also be available on the CMS Administrative Console.

Questions ?

